PATENT APPLICATION FEE DETERMINATION RECO Effective December 8, 2004									ORD 10/800037					
	CLAIMS AS FILED - PART (Column 1) (Column 2)							SMALI TYPE	LEN	ПТ	01		ER THAN L ENTITY	
	TOTAL CLAI						RAT		FEE	٦Ű	RATE			
	FOR		NUME	NUMBER FILED		NUMBER EXTRA		BASIC		150.0	OF			
Ľ	TOTAL CHARC	SEABLE CLAIMS	;	minus 20=				X\$ 25			7	1		
Ü	NDEPENDENT	CLAIMS		minus 3 =		-		X100	+		-IOF	'	 -	
٨	AULTIPLE DEF	ENDENT CLAIM	PRESENT	RESENT				7.00-				X200=	 	
•	If the differen	'	+180:			OR	+360=	⊥ _						
			TOTA	L		OR	TOTAL							
_	1	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMAL	L E!	YTTY	OR		R THAN ENTITY	
AMENDMENT A	1/17/0	REMAINING AFTER AMENDMENT	ł	HIGHES NUMBE PREVIOUS PAID FO	ER JSLY	PRESENT EXTRA		RATE X\$ 25=		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• /	Minus	-2	<u></u>	-			\downarrow			X\$50=		
	FIRST PRES	SENTATION OF I	Minus MULTIPLE D	EPENDENT (2 3 Alaa		ſ	X100=	T	1	OR	X200=		
				El ElloEll (ZAIIVI		ſ	+180=	1		OR	4360=		
							L	TOTA				TOTAL		
77	, , , , , , , , , , , , , , , , , , , 	(Column 1)		(Column		(Column 3)	~	JU11. FEE			,,	VOOIT. FEE		
MENDMENTE	8/16/1			PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	TIC	DOI- INAL		RATE	ADDI-/ TIONAL FEE	
<u> </u>	Total	<u> </u>	Minus	- 20)	E	,	K\$ 25=	Γ		OR	X\$50=		
	Independent	* /	Minus	J ••• 3		=		X100=	1	1 1	OR	X200=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+360=	=	
				•			L	TOTAL	-	+-4		TOTAL		
_		(Column 1)		(Column	2) (Column 3)	AU.	DIT. FEE	•	-+-	AI	DDIT, FEEL		
	• • • • •	CLAIMS REMAINING AFTER AMENDMENT	"	HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA	F	ATE	TIO	DI- NAL		RATE	ADDI- TIONAL	
	Total	•	Minus	**		s .	X	\$ 25=		:	I. F	X\$50=	EEE :	
Ŀ	Independent	t	Minus			3	\vdash	(100=	_	7				
1	FIRST PRESE	NTATION OF MU	F	100=		^c	P	(200= <u> </u>						
Hit the entity in column 1 is less than the entry in column 2, write "o" in column 3.														
-H	the "Highest Nur the "Highest Nur	nber Previously Pal nber Previously Pal	d For IN THI	S SPACE is less	than 2	0, enter "20."	ADD	TOTAL T. FEE			R ADI	TOTAL DIT. FEE		
.,	ie nignest num	ber Previously Paid	ror (Total or	independent) b	s the hi	ghest number fo	und ir	the appr	opria	te box in	cotum	n 1.		